



## Practitioner Diploma

### Module Three

## **| Module Three**

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## Learning Objectives for Module 3

### BY THE END OF THIS MODULE, YOU WILL:

- Have an understanding of the importance of TFB Loops
- Have an understanding of what hypnotherapy can be used to treat
- Have an understanding of how hypnotherapy fits in with other healthcare professionals
- Have an understanding of health, safety & GDPR implications
- Have an understanding of Dave Elman Techniques
- The U-Flow & how to look for the different levels of an issue
- Have an understanding of the DWDW process
- Know how to create hand-crafted suggestion and mantras
- Understand Compounding Loops & Suggestions
- Have an understanding of self-hypnosis

## Thought-Feeling-Behavior (TFB) Loops

Most people seeking your help will want to change something about the way they think, feel or behave - or the *outcome* of those.

E.g.

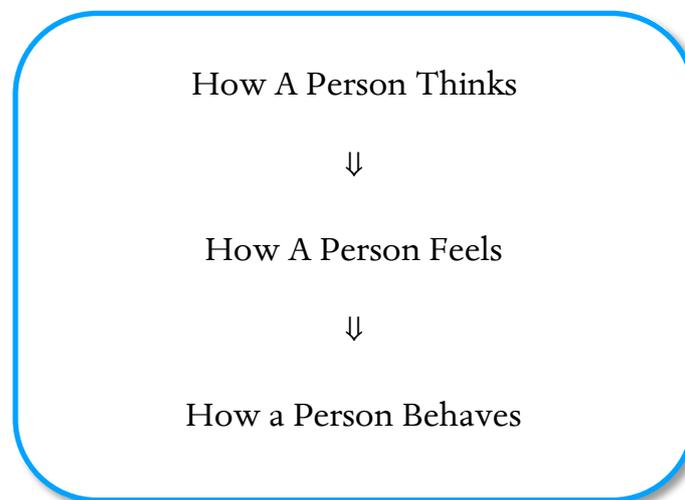
I want to stop thinking so negatively.

I want to feel more relaxed in my relations with other people.

I want to stop overeating.

I want to drink less at work functions so I can feel relaxed going to work the next day instead of feeling totally paranoid.

Although each environment will vary considerably, the same underlying principles apply:



When you help a person change how they think, you help them change how they feel, and when you help them change how they feel, you help them change how they behave (ie what they do - or don't do.)

However, it is important to understand the definition of “Behaves” and “Behavior” ...

**DEFINITION OF “BEHAVES”:**

To act or conduct oneself in a specified way

**DEFINITION OF “BEHAVIOUR”:**

The way in which an animal or person behaves (acts or conducts oneself)

*in response to a particular situation or stimulus.*

(my underline)

That last line is really important ...

*“in response to a particular situation or stimulus.”*

Every problem someone presents you with, will involve this TWO-STEP process.

- (1) There is a stimulus ...
- (2) Followed by a response to that stimulus

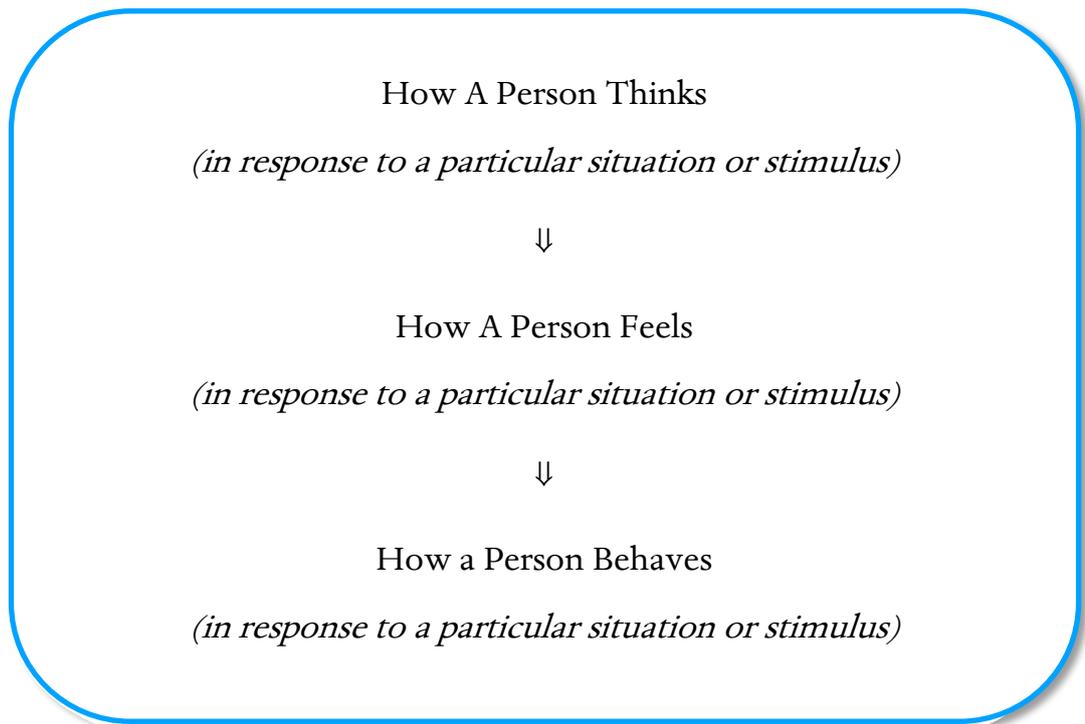
As we know, that response will usually involve the Threat Response – Fight, Flight, Freeze, Fawn, Feign.

**PRACTICAL TIP**

For every Surface Level Symptom, practice identifying

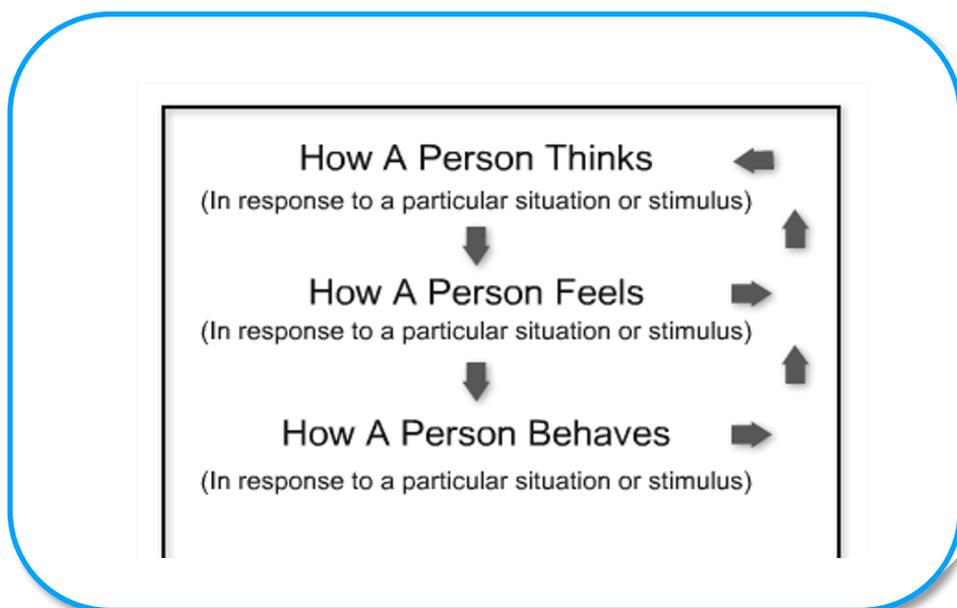
(a) the stimulus and (b) the response.

So, more accurately ...



However,

- How a person feels, can also affect how they think and behave.
- And how a person behaves affects how they think and feel!



In many cases, 'loops' form, creating TWO levels to a problem.

- (1) The original cause of the issue that creates symptoms
- (2) The response or fear of the symptoms created by the issue

E.g.

- Someone is scared of flying and gets anxious on a plane
- They also begin to be scared of the anxiety attack.
  
- Someone gets stressed and feels ill at work
- They then also start to be scared of feeling ill.
  
- Someone feels uncomfortable in groups and has a stutter
- They also begin to fear the stutter.

Therefore, be aware of there often being two or more levels to any problem.

**PRACTICAL TIP**

The more you practice identifying Stimulus and Response, the more obvious the different levels will become.

If you can influence the Thought-Feeling-Behavior Loop at any point, you will help a person create a different outcome.

### **PRACTICAL TIP**

Whichever level you are working at, the number 1 factor that determines how a person responds to any particular situation or stimulus is their BELIEF SYSTEM ...

BELIEFS => Thoughts => Feelings & Emotions => Outcomes

### **DEEPEN YOUR KNOWLEDGE**

As a hypnotherapist/therapist/coach you are working with people's belief systems, so theoretically you have the ability to help initiate change in virtually every area of a person's personal, emotional or habitual life.

Get used to asking yourself,

*'What must this person be believing, (or imagining), at each level, to be having this response or outcome?'*

### **PRACTICAL TIP**

Sometimes – often – the client will only initially reveal or present the secondary symptom or response, which can be confusing at first.

## What Conditions Can We Treat?

When you look at a list of common problems or conditions that we offer to help with, it may seem as if we are claiming some kind of ‘cure-all’. However, if you bear in mind our “TFB Loop” concept, you will begin to realize that the same underlying principle applies to each.

Here is a list of some common areas that the methods you are learning, have successfully treated or helped with in the past.

Abuse	Fears	Psoriasis
Alcohol	Grief	Public Speaking
Allergies	Guilt	Rejection
Anger	Habits	Relationships
Anxiety	Hair pulling	Self-Esteem
Binge Eating	Insomnia	Sexual Problems
Blushing	Irritable Bowel Syndrome	Skin Disorders
Bulimia	(IBS)	Sleeping Difficulty
Business Success	Loneliness	Sports Improvement
Cancer Support	Memory Improvement	Stop Smoking
Childhood Abuse	Nail-biting	Stress
Comfort Eating	Negativity	Stammering
Confidence	Pain Relief	Stuttering
Depression	Past Life Regression	Tinnitus
Domestic Abuse	Panic Attacks	Trichotillomania
Eating Disorders	Performance Anxiety	Vaginismus
Eczema	Phobias	Weight Loss
Erectile Dysfunction	PTSD	Worry
Exam Nerves	Presentations	

And many, many more ...

## EXERCISE: Identifying Stimulus & Response

**Duration:** 5-10 minutes per person

**Equipment:** Notepad & Pen

**Practice Partner:** Individually or 2's and 3's

### Background

Every problem will have at least two steps (a) a stimulus and (b) a response. However, the original response often acts a secondary stimulus, creating a second response or set of symptoms, often covering the first. The aim of this exercise is to help you practice looking out for these, in order to get used to thinking in multiple layers or levels when working with clients.

### Instructions

- (1) Taking turns playing the role of therapist, client and observer, ask your client to choose one or two areas of life where they find themselves “triggered” in some way.
- (2) See if you can identify and note down both the trigger and response, in a table format as below.
- (3) See if you can find out if there is a secondary response or symptom, as a result of the first.

Stimulus/Trigger	Response	Secondary Response
I get nervous at work	Can't get to sleep	Feel worried about not being able to sleep

## Starting, Stopping, Increasing & Reducing.

Practically speaking, most people either want to:

**Stop/Reduce** - thinking, feeling, or behaving in a certain way, or creating a certain outcome

OR

**Start/Increase** - thinking, feeling and behaving in a certain way, or creating a certain outcome.

In fact, BOTH elements are always present, but people's motivations vary. The way they explain what they want will depend upon their main motivation for wanting change.

Some people are driven “towards” a new outcome, while others are driven “away” from the old and this will impact how they describe their issue to you.

E.g.

Someone who is “away” motivated will more likely want to ‘Stop/Reduce’:

1. A person wants to stop purging after each meal.
2. A person wants to stop stuttering.
3. A person wants to stop biting their nails.

Someone who is “towards” motivated will more likely want to ‘Start/Increase’:

4. A person wants to be able to concentrate more in exams.
5. A person wants to start a new relationship.
6. A person wants to be able to walk into a room of people and feel OK with that.

But if we dig deeper and find both sides, we have a more complete understanding:

- (1) A person wants to stop purging after each meal and start feeling OK leaving food in his/her body.
- (2) A person wants to stop stuttering and start speaking fluently.
- (3) A person wants to stop biting their nails and start allowing the nails to grow.
- (4) A person wants to stop panicking about failing in exams and instead increase their concentration in the exam room.
- (5) A person wants to stop avoiding intimacy and instead start a new relationship.
- (6) A person wants to stop feeling judged and inadequate and instead be able to walk into a room of people and feel OK with that.

In terms of Beliefs, the person is wanting to move away from one belief system and towards another.

**PRACTICAL TIP**

- (1) The ideas they want to move towards can form the basis of bespoke, positive suggestions ...
- (2) Whichever side they DON'T tell you, is most likely where the fear or resistance is!

## Examples of TFB Loops & Starting, Stopping, Increasing Reducing.

### **CASE 1 - A GENTLEMAN HAS A STUTTER**

ie. He wants to *stop stuttering* and *start speaking more fluently*.

The stutter is a physical behavior/outcome, resulting from anxiety feelings in certain situations that have a neurological impact on the body. The anxiety is caused by anxious thoughts which in turn are caused by limiting beliefs. Change the beliefs, and the thoughts will change; when the thoughts change, the feelings will change; when the feelings change, the behavior/outcome will change, and he will no longer stutter (or less so).

### **CASE 2 - A YOUNG WOMAN WITH A BULIMIC EATING DISORDER.**

ie. She wants to *stop using food in response to emotion* and *start eating normally*.

The eating behavior is created by impulses, where the woman feels as if a 'secret greedy person' takes over causing her to dramatically overeat, often consuming a whole loaf of bread, or box of cereal and more. When finally full, she wants to get rid if it so makes herself sick.

Besides the bingeing and purging, the secondary outcome may be damage to the body, lack of motivation/concentration at work, poor self-esteem, fear of intimacy, rotting teeth (because of excess acid), and so on.

If you unlock and resolve the emotive belief system behind it, the emotional driving force will dissolve away. The inner self-talk will change, there will new, more positive responses to situations that were previously a trigger, and the old behavior impulses will subside. The secondary outcomes will also change – her body will start to heal, her advancement at work will improve, she will feel better self-esteem, have a greater chance of a loving relationship ... and her teeth will last longer!

### **CASE 3 - YOUNG ATHLETE WITH DEPRESSION, POOR PERFORMANCE AND HEALTH PROBLEMS**

ie. He wants to *stop feeling depressed, with low energy, and start feeling more motivated and energized.*

From my experience and interpretation, depression occurs when there is an inner conflict that a person is unable to resolve. The ‘will’ is literally pulled in opposing directions and, as the person feels unable to see a way out, a sense of hopelessness sets in.

In our young athlete, there may be conflicting drives whereby he/she wants to do well and compete but is also scared of failure. Unable to ‘escape’ the situation, a sense of hopelessness sets in. The negative emotions may have direct repercussions on the body, creating ill health and poor performance. Or the inner self may create an illness as a secondary gain - a temporary ‘excuse’ not to have to compete/risk failure.

When we can uncover the beliefs at play and resolve the conflict the person can then see a way forward, what I call a positive viable future. The depression lifts, motivation increases, and the health issues are no longer created or needed.

## EXERCISE: Stopping, Starting, Increasing & Reducing,

**Duration:** 5-10 minutes per person

**Equipment:** Notepad & Pen

**Practice Partner:** Individually or 2's and 3's

### Background

Every problem will have two sides: (a) something the client wants to stop or reduce (thinking, feeling or doing) and (b) something the client wants to start or increase (thinking, feeling or doing) instead. By practicing looking for these, you will train your mind to look for them with clients, gaining extra insight and giving you guidance as to how to proceed.

### Instructions

- (1) Take turns playing the role of therapist, client and observer.
- (2) When you are the client, pick one of the conditions from the list and pretend you have that condition.
- (3) Tell your practice partners what condition you have, what you want to stop or reduce, and what you want to start or increase. It may help to complete a table as below.
- (4) When you are the therapist or observer, make sure you fully understand the two *opposites* your client is presenting.

Issue	Stop or Reduce	Start or Increase
Poor memory & concentration	Being distracted, unable to concentrate or remember	Being able to focus, concentrate & remember

## Hand Crafting Suggestions

In Module 2 we looked at some generic, pre-written suggestion scripts that can be very useful, but I always like to make each session bespoke to the client. In this way, you are never reliant on scripts and the client will usually feel they are receiving a much more personal service.

If you can discover the SPECIFICS of a person's fear or issue - and hand-craft suggestions that are very SPECIFIC to the resolution, from my experience, the suggestions will be much more likely to reduce or by-pass the critical factor ... and therefore stick!

Although when working with a client I may often do this very intuitively, I actually go through quite a logical process to get there, often based around the Stopping, Starting, Increasing Reducing, Idea, although we simplify this down now to what I call the Don't Want Do Want (DWDW).

Don't Want = What they want to stop or reduce

Do Want = What they want to start or increase.

### DEEPEN YOUR KNOWLEDGE

Because the ideas will come from within the client, using DWDW to create hand-crafted suggestions, will often help to lower the critical faculty ... thereby making the bespoke suggestions more likely to stick!

## Don't Want - Do Want

Here is a simple recipe for helping someone change:

- (1) Find out the client's 'Don't Want' – their undesirable surface-level symptoms, they would like to stop or reduce.
- (2) Find the exact or near exact *opposite* – 'Do Want' instead, the more desirable outcome they would like to have, be, start or increase.
- (3) Turn that 'Do Want' into some kind of affirmative, positive mantra, or hand-crafted suggestion that can be reinforced through focus, repetition, visualization and the many techniques available to us.
- (4) Have a big enough 'Why' to make it worthwhile.
- (5) Be sure to resolve any resistance on either side of the DWDW (we'll cover this in more detail later)

What I will often do as a client is chatting, either during the initial conversation, or during a hypnosis phase, is jot down all their Don't Want Do Want statements. Sometimes these will be single words, sometimes they will be short phrases, and occasionally long sentences that I think are important. Here are a few examples of the finished article, and then let's do an exercise to help you get started with this.

### PRACTICAL TIP

If the client doesn't actually know what they want, they most likely will know what they don't want. If you can start with what they don't want, then it's often easier to find what they do want – because it will usually be the exact opposite!

## Examples of Hand-Crafted Suggestions and Mantras

### ENTREPRENEURIAL BUSINESS CLIENT

I worked with this client to create these mantras during the session, first as a list of issues that were causing him concern (Don't Wants), and then converted to more positive statements (Do Wants). I then delivered them as suggestions in the 'You' form, whilst I hypnosis, and then gave them to him as below in the 'I' form, which he took away and used with self-hypnosis:

- *"My business gives me enough time and enough money so that I am free from want and limitation.*
- *Every day I appreciate even more, how free from want and limitation I am right now.*
- *Every day, I appreciate even more, how calm I am right now, how in charge I am right now and how many opportunities there are available to me right now.*
- *Every day I appreciate even more that I have the time to do other things right now, whenever I choose.*
- *As an entrepreneur, my role is to find and put to work the best person for the job for working in my business.*
- *When there is something new that needs doing, my first response is to seek the best person to allocate or delegate that to.*
- *Every day I allow myself to work smarter, more entrepreneurially and more efficiently at the right things.*
- *Every day, I allow myself even more, to be in the right place at the right time to make significant connections.*
- *Every day, I allow the profitability of my business to grow even more, in the most wonderful ways."*

## THE GROOM'S WEDDING SPEECH

I created the following with the client during the 3rd session after two sessions of Hypno-Analysis to help with nerves for a wedding speech. Again, first as a list of issues that were causing him concern (Don't Wants), and then converted to more positive statements (Do Wants). I then delivered them as suggestions in the 'You' form, whilst I hypnosis, and then gave them to him as below in the 'I' form, which he took away and used with self-hypnosis:

- *"I am going to stand up and say a few words to tell everyone how I feel, and that's OK.*
- *I am going to stay calm, relaxed and in control.*
- *I am going to speak slowly, clearly and project my voice so that everyone can hear.*
- *I can do this and I am going to do this.*
- *People are going to be receptive and supportive.*
- *They are going to smile and be happy.*
- *I am going to be emotive but in control of my emotions.*
- *I am going to do it and I am going to enjoy it.*
- *Who I am speaks as loud as my words, and who I am is enough.*
- *All I have to be is myself, and I can do that.*
- *I can look at people as I am talking and I am going to look at people as I am talking.*
- *I am going to tell them some jokes.*
- *I am going to tell them that I love them.*
- *I am going to tell them I love my wife.*
- *I am going to tell my wife that I love her.*
- *I am going to feel good afterwards and enjoy the rest of the day".*

## HEALTHY EATING

I created the following with the client during a top-up session after a 1- year gap since the previous sessions.

The previous sessions had brought about many positive life changes, but eating habits had begun to suffer.

We narrowed it down to simply:

- *“My name is [first name][second name] and my health is my no. 1 priority.”*
- *“I choose delicious nutritious fuel & exercise to stay slim and healthy”.*
- *“I stay focused, effective and determined, for health, wealth & happiness”.*

“3’s” work very well.

e.g.

“I am 1, 2 & 3” or

“I am this, this and this”.

## EXERCISE: Basic Don't Want Do Want.

**Duration:** 20+ minutes *per person*

**Equipment:** Notepad & Pen

**Practice Partner:** 2's or 3's

### Background

To help make every session effective and bespoke to the client, we need to be able to interview the client to understand their needs and create positively phrased, hand-crafted suggestions that are acceptable to the critical faculty. The DWDW helps us do this and we can apply it in many ways.

We are going to start by using it to create very simple, hand-crafted suggestions aimed at easing surface level symptoms.

### Instructions

- (1) Take turns playing the role of therapist, client and observer.
- (2) When you are the therapist, ask your client to talk about an area they would like some help with. [If you are the client, choose something real – the more you do this for yourself, the more you will learn].
- (3) Get the client to talk about their issue and see if you can begin to jot down initial Don't Wants and Do Wants.
- (4) You may find it easier to go through a list of Don't Wants first – ie things about the issue they would like to stop or reduce.
- (5) Once you have a list of Don't Wants, go through and make a list of equal and opposite Do Wants.
- (6) If they gave you some Do Wants to start with, be sure to ask them for their Don't Want as well.

[i.e. each Don't Want should have a Do Want, and vice versa]

- (7) Enter your details in a simple table like this, leaving the middle column blank for now.

Don't Want		Do Want
Fail Driving Test Scared of making a mistake & driving badly Get nervous and unable to concentrate		Pass Driving Test Remember I can do it and drive well Stay calm, and focus on what I need to do

- (8) If your client only gives short answers, probe a little deeper with questions like:

“What’s that like?”

“In what way?”

- (9) When you are the therapist make sure you fully understand the two *opposites* your client is presenting – and make sure they are reasonable opposites, with the Do Want phrased POSITIVELY.

e.g.

Don't Want = Alone, Do Want = Not Alone (Incorrect)

Don't Want = Alone, Do Want = With Someone (Correct)

### PRACTICE TIP

This is an exercise in interviewing your client and gathering information.

Remember to be kind and non-judgmental, but also remember to make sure it is productive, not just an informal chat.

## Mind the Gap

When people state what they Don't Want and what they Do Want ... there is also often a gap in the middle, i.e. they are not really opposites, and some other condition needs to be fulfilled first.

E.g. They Say,

*I Don't Want [x] I Do Want [z]*

But they are not quite opposites.

Don't Want		Do Want
Rejected		Loved

What they really need is [y] in the middle which will then allow them to feel [z].

Don't Want	Real Want	Which Means That
Rejected	<i>Accepted</i>	I Can Feel Loved

Rejected => accepted => loved.

From my experience, if what they say they want, and what they say they don't want, are not reasonable opposites ... there may be a missing element in the middle!

*And that missing element is, more often than not, what I refer to as a  
Core Belief.*

## Core Beliefs

In the mid 1990's, after I had been practising for a few years, I became interested in some writings that were quite challenging to conventional thinking and challenging to what I had been taught in my own therapy training – yet they somehow seemed to ring true and make a lot of sense to me.

It was here I really began to understand the impact of belief systems, and in particular the idea that there are only a handful of “Core Beliefs” that underpin everything else.

Initially, I played around with these ideas half-heartedly, but as I noticed them cropping up again and again with clients, I soon gave them more attention.

Eventually I realized they were actually a vital element to helping unlock someone's fears or limitations in some way and so began actively seeking them out.

*It is words and phrases that allude to these core beliefs, that I am looking out for when working with clients, whether conversationally, or within an inwardly focused trance state.*

Overs the years I have adapted them to some degree, to reflect the form in which I most observed them, but let's go through them now so that you can begin to look out for them, and get familiar with them, as it is actually *a threat to any of these that will be triggering the threat response that creates the surface level symptoms.*

### PRACTICAL TIP

Amongst all the words and phrases someone is saying to you, pay more, or closer, attention to anything relating to a core belief. There will usually be something of value in it.

**CORE BELIEF 1: ENOUGHNESS**

Negative	Positive
<p><b>I am not enough</b>                      (good enough, worthy enough, [...] enough, etc.)</p>	<p><b>I <i>am</i> enough</b>                      (good enough, worthy enough, [...] enough, etc.)</p>

**CORE BELIEF 2: SAFENESS**

Negative	Positive
<p><b>I am not safe</b>                      (The world is not safe for me, I cannot relax, I must be on guard, protect myself, etc)</p>	<p><b>I <i>am</i> safe</b>                      (The world is safe for me, I can relax, I can let go, I can be myself, etc)</p>

**CORE BELIEF 3: CONTROL**

Negative	Positive
<p><b>I am not in control</b>                      (I feel stuck, trapped, weak, helpless, powerless, nothing I can do, out of control, etc.)</p>	<p><b>I <i>am</i> in control</b>                      (I am strong, powerful, in control of myself, able to adapt to whatever happens, etc.)</p>

**CORE BELIEF 4: ACCEPTANCE**

Negative	Positive
<p><b>I am not accepted</b>                      (I feel different, separate, unwanted, excluded, judged, alone, detached, disconnected, etc.)</p>	<p><b>I <i>am</i> accepted</b>                      I fit in, I belong, I have a place in the world, I am accepted, included, I am wanted, I am connected, etc.)</p>

**CORE BELIEF 5: LOVE = PAIN/PLEASURE**

Negative	Positive
<p><b>Love equals pain</b>                      (Love hurts, relationships are difficult or unsafe, I can't trust, men/women are [something negative!], I'll never be with someone, I have to sacrifice who I am, etc.)</p>	<p><b>Love equals pleasure</b>                      Love equals happiness, enjoyment, satisfaction, relationships are good, I can feel safe, I can trust the right people, I can be myself, I can feel equal, loved, etc.)</p>

If you can identify which of the core beliefs are at play in any issue ... and then help the client to bring about a transformation at *that* level ... you will help to create a deeper and more lasting transformation in the way they think feel and behave with respect to their Surface Level Symptoms.

And as a result, the client will usually say that they feel *lighter, and freer*.

## The E.S.C.A.P.E. Method

If you list out the Core Beliefs, they form a handy acronym ...

- Enoughness
- Safeness
- Control
- Acceptance
- Pleasure
- En-lightenment

... So, I began to refer to this as The E.S.C.A.P.E. METHOD.

### **PRACTICAL TIP**

Remember ...

When people tell you what they “Do Want” pay close attention to what they “Don’t Want”, as that is often where there is a Core Belief they are trying to get away from.

And if they are eager to reveal what they “Don’t Want” pay close attention to what they “Do Want”, because that is often where the resistance to accepting a more positive core belief will be for them.

## EXERCISE: Core Beliefs & Don't Want Do Want.

**Duration:** 20+ minutes *per person*

**Equipment:** Notepad & Pen

**Practice Partner:** 2's or 3's

### Background

In the basic DWDW exercise, we asked questions around a particular topic, found a list of negative statements and converted them to positives.

Or if the positive came first, we found the equivalent negative.

Now we are going to probe a little deeper, to see if we can begin to identify and fill in the “gaps”. Our aim is to find out what it is the client *really* doesn't want, and what it is they *really* do want, by looking out for Core Beliefs.

### Instructions

- (1) Take turns playing the role of therapist, client and observer.
- (2) When you are the therapist, ask your client to talk about an area they would like some help with. [If you are the client, choose something real – the more you do this for yourself, the more you will learn].
- (3) Get the client to talk about their issue and see if you can begin to jot down initial Don't Wants and Do Wants.
- (4) Once you have a list of Don't Wants, get the client to chat in a little more detail about *why* they don't want that. See if you can get them to explain *what it feels like*, the thing they are trying to reduce or stop.
- (5) And then, for each and every Don't Want, have them create an equal and opposite Do Want.

- (6) Ask them to explain or clarify *why* they want that new thing, whatever it is they want to get, have, start or increase, etc. What do they think it will enable them to feel?
- (7) Use questions such as “What’s that like?” or “In what way?” to help elicit more information.

Don't Want	<i>Real Want/Need</i>	Do Want
Fail Driving Test Scared of making a mistake & driving badly Get nervous and unable to concentrate  <i>Think about what all this                      feels like</i> 		Pass Driving Test Remember I can do it and drive well Stay calm, and focus on what I need to do  <i>Think about what all this                      feels like</i> 

**PRACTICE TIP**

Very often, what the client *really* wants will be a core belief – and is what they need focus on, in order to get what they think they want ...

## Creating Mantras and Suggestions

Very often, the most powerfully transformative suggestions and mantras will come from the ideas in the “Gap”.

E.g.

*“Every day, in every way you can allow yourself to feel more and more accepted, not only by others but also accepting of yourself, and, as you allow your mind to show you more and more all the ways that you are accepted, in turn you can feel more and more loved. Which is Ok”*

### **The “Affirmative”**

The “affirmative” column (see Don’t Want Do Want sheet) is more the positive affirmation/ mantra/ new belief that the client can take away.

*“Every day, in every way I can allow myself to feel more and more accepted, not only by others but also accepting of myself, and, as I allow my mind to show me more and more all the ways that I am accepted, in turn I can feel more and more loved. Which is Ok”*

There will often also need to be fine tuning of the ideas around this.

*In the example, what does the person need to know/feel/believe, in order to feel accepted?*

Watch the “Don’t Want Do Want”, “Hand Crafting Suggestions” and “Thinking Processes” webinars on this in the members area for a greater understanding, as well as identifying where I incorporate this more subtly during sessions.

## Don't Want – Do Want Template

Don't Want	Gap? (Real Want)	Do Want (Which means)	Affirmative (I can)
[x]	[y]	[z]	"I am/I can/ I will"

## Self Hypnosis For You And Your Clients

Many people wonder how you can hypnotize yourself, but I believe we are doing so virtually every moment of the day, with our inner self-talk. Because it will usually fit in with our existing beliefs, much of this self-talk by-passes our critical faculty and reinforces our conscious and unconscious beliefs

What most people really mean by self-hypnosis, is a ritualized version of this to help break or interrupt that chatter and implant more desirable ideas into our conscious and subconscious mind.

The problem is, for most people, there will usually be inner resistance. For self-hypnosis to work, we have to get past that resistance and get past that critical faculty, in exactly the same way we do with a client.

For more details and notes on this, watch the webinar in the members area:

<https://members.andrewparrtraining.com/webinars/self-hypnosis-for-you-your-clients/>

There are many self-hypnosis recordings available commercially, or free on YouTube or other online sources, and they can be extremely useful, and beneficial.

I prefer more bespoke ones, so with clients, I will usually just get them to read their hand-crafted mantras or suggestions two or 3 times a day, and if there is something in my own life that I feel is worthy of attention, I will literally carry that thought with me and repeat it at any moment I remember or become aware.

### PRACTICE TIP

Remember Emil Coue's well known auto-suggestion:

“Every day, in every way, I am getting better and better” can be adapted to  
.. “Every day, in every way, I am getting ... [positive suggestion/mantra]

## Preparation for Self-Hypnosis

Have a look at this statement and see if you can spot how this helps to reduce or bypass the critical faculty:

*“For a certain amount of time I will momentarily suspend what I believe in this area, and wilfully accept the belief I want. I will pretend that I am under hypnosis, with myself as both hypnotist and subject. For that time desire and belief will be one. There will be no conflict because I do this willingly. For this period I will completely alter my old beliefs. Even though I sit quietly in my mind, I will act as if the belief I want were mine completely.”*

From: “The Nature Of Personal Reality” Seth/Jane Roberts

The important factor is that either you - or the client you are teaching - has to consciously, deliberately, willingly suspend your/their normal reality for a moment and wilfully accept some new ideas as if they are already ‘true’ NOW - not some point in the future - NOW!

The preparation statement above aims to alleviate the potential conflict of beliefs vs ‘reality’. It says “we know what we’re saying isn’t true (yet) ... but if you suspend what you do believe, even for a moment, and focus on a new idea, in THAT moment, there is no conflict and the idea can more readily be accepted”

Think of it as which idea do you want to be in your mind, seeking an outlet and expression? You have to get it into your mind as if it is NOW - and convincingly as well!

## Stepping Stone ‘WANT’ Phrases

Sometimes there will be too much resistance to the fully phrased positive idea... so it is sometimes better to use a stepping stone phrase ... and have the client state what they “want” - because then there is no conflict.

E.g.

Instead of ...

- I am in control of my eating.
- I am able to have a loving relationship
- I am worthy of a promotion.

Start with ...

- I want to feel in control of my eating.
- I want to feel able to have a loving relationship
- I want to feel worthy of a promotion.

This seems to go against the usual rules of positive thinking, of not saying “I want” etc, but I have found it to be very effective and a great relief for many people, as it allows them to take a stepping stone to the end result, without triggering internal resistance.

### **PRACTICE TIP**

Sometimes, saying “ I want “, instead of “I am “ etc, will help to quiet the critical faculty ... and allow the idea into our mind for unchallenged focus ...

## How Hypnotherapy Fits with Other Healthcare Professionals

Hypnotherapy is often used in conjunction with other therapies when a holistic approach is appropriate. It is being used more and more in main-stream medicine, sometimes recommended by GPs for patients to help them to lose weight or stop smoking. IBS is recognized as being helped by Hypnotherapy as is pain relief and childbirth.

Increasingly, hospital staff are learning about the benefits of relaxing patients and how this can help with their recovery.

As a practitioner it is part of your duty of care to only treat patients and clients for who you are suitably qualified, and it is important to recognise when you should refer to, or work alongside, other healthcare professionals.

EG:

- A weight loss client could also be working with a dietician.
- A pregnant woman should also be seeing a midwife.
- In medical instances such as IBS or unexplained pain, a medical referral is advisable prior to treatment, if the patient has not already done so.

## Confidentiality, GDPR & Record Keeping

### GENERAL

The guidelines for confidentiality are in the main very simple:

Unless you have the express permission of the client to reveal information - don't!

Even the slightest hint of a breach has the possibility to destroy the trust between you and the client, and may cause them ongoing problems, because they will then possibly find it harder to trust anyone else in the future.

If in doubt, chat to a supervisor or mentor or professional body to seek advice, as soon as you have a concern. If appropriate chat through your concerns with the patient directly. If an emergency, make a judgement call and do whatever you feel appropriate.

### EXCEPTIONS

In very rare circumstances, there may be situations arising where it will seem beneficial to break the confidentiality.

What if you believe the person has the intention/capability of doing harm to her/himself?

What if you believe the person has the intention/capability of doing harm to another?

(See "Concern for Safety of Client or Another")

### "GDPR" & RECORD KEEPING

It is important to keep records secure. If on a computer, ensure the records are password protected and if on paper, they must be kept in a locked cabinet. Make sure you are also aware of the latest General Data Protection Regulation (GDPR) with

regard to ensuring that confidentiality is maintained and privacy and data policies are observed.

**IMPORTANT:**

Watch the webinar on “GDPR, The Law & YOU As A Practitioner” in the members area:

<https://members.andrewparrtraining.com/webinars/gdpr-the-law-you-as-a-practitioner/>

## Concern for Safety of Client or Another

I asked William Broom, head of the UK General Hypnotherapy Register what the GHR recommended procedure was on this, and he replied ...

*“This is one of those rare occasions on which a therapist may consider breaching confidence but is always a judgement call by the therapist concerned and will depend upon the particular circumstances encountered.”*

- If the client is threatening suicide, for instance, then if the therapist feels that there is a strong possibility of the client carrying out this threat, contacting the client’s GP, either with or without permission from the client to do so, must always be an option.
- If the client reveals incidents of abuse or a serious criminal offence against a third party (or parties), then the therapist will need to consider whether or not to advise an appropriate authority – e.g. Social Services or the Police etc. (N.B. The therapist needs always to bear in mind, however, that such claims by the client, whether made under hypnosis or not, may not actually be true.)
- If the client reveals harmful thoughts towards a third party (or parties), then the action suggested in 2 above must always be an option. (N.B. The therapist must always proceed with extreme caution before alerting an appropriate authority in such situations however, because such harmful thoughts are a relatively common phenomenon, are not illegal and are only rarely actually carried out.)
- If the client presents as a threat, either in word or deed, to the therapist, then treatment should be discontinued forthwith.

The above are only examples of the most likely scenarios, of course, and should the therapist have doubts about what action to take in any given situation, they should consult their professional body for advice at that time.

### **MEDICAL POLICY & EXAMPLE OF BREACH**

A recent case came to light where a psychiatrist broke confidentiality with a client and reported him to the police, after she believed the client posed a threat to children, after revealing explicit sexual fantasies. The client had a history of abusing children and when police raided his home discovered pictures of local school children and other potentially harmful material.

The psychiatrist stated that her duty of care with respect to the Children's Act overrode her duty of Client Confidentiality.

The General Medical Council has the following to say on this:

*'Confidential medical care is recognised in law as being in the public interest.'*

*'However, there can also be a public interest in disclosing information: to protect individuals or society from risks of serious harm, such as serious communicable diseases or serious crime; or to enable medical research, education or other secondary uses of information that will benefit society over time.'*

*'Personal information may, therefore, be disclosed in the public interest, without patients' consent, and in exceptional cases where patients have withheld consent, if the benefits to an individual or to society of the disclosure outweigh both the public and the patient's interest in keeping the information confidential.'*

Source: <https://www.gmc-uk.org/>

## Keeping Yourself Safe

As with many jobs we, as Hypnotherapists, spend time with clients mostly without chaperones.

It is important that as well as the safety of the client, we should also be aware of our own safety.

This may include not working late at night in an otherwise deserted building, being sure to let someone else know where you have gone if you are doing a home visit and not being afraid to ask someone to leave if they are behaving inappropriately. Whilst the majority of clients will be kind, honest and respectful, it is wise to have a strategy to deal with any unforeseen situations.

## Example Client Agreement Form

(See [resources](#) section of members area for pdf & editable Word versions)

[You/Your Practice Name, & Contact Details (address, phone, email)]

### **CONFIDENTIAL: Client Information and Consent Form**

#### **1. Your Details**

Date:

Full Name:

Address:

Phone Number:

Mobile Number:

Email Address:

Age/DOB:

How did you hear about me?

#### **2. What You Are Seeking Help For**

Please give details of what you are seeking help for today:

Have you had a medical diagnosis from a doctor for this condition? If so, please give details:

Doctors Name and Address:

Do you give permission for me to contact your Doctor? Yes/No

(If yes, please complete separate consent form)

Have you received any other treatment for this condition? Yes/No

If yes, please give details:

Are you currently taking any medication? Yes/No

If yes, please give details:

Do you have any other health conditions I should be aware of? Yes/No

If yes, please give details:

If your condition is pain related, please rate your pain from 1 – 10. 1 being comfortable and 10 being extremely painful:

If your condition is anxiety related, please rate your anxiety from 1 – 10. 1 being comfortable and 10 being extremely anxious:

What do you want to achieve from your therapy sessions?

How will you know when you have achieved this?

### **3. Your Therapy Agreement**

I understand that hypnosis is a way of inducing a voluntary state of relaxed, attentive concentration, during which the conscious critical mind may become more relaxed and the subconscious mind more open to suggestions and release of negative ideas, only with a person's permission.

I am a willing subject and understand that I cannot be made to do anything I do not want to do and there are no absolute guarantees as to the effectiveness of the treatment.

I understand that all therapy is a collaboration between myself and the practitioner and as such I authorise the practitioner to use whatever therapeutic methods he/she deems appropriate, whilst remaining consistent with my good care.

It is my decision to have therapy, including hypnotherapy, I take full responsibility for myself, and I relinquish the practitioner from any responsibility.

**Please read and sign below:**

*I confirm that the information I have provided is accurate to the best of my knowledge, I have read and agree with the Therapy Agreement, Terms & Conditions, Privacy Policy & Data Protection Rights stated above and below (please tick box to confirm):*

Client Signature: (parent/carer if client under 18)

Name: ..... Date: .....

**4. Terms and Conditions:**

**Session Payment**

Must be made at the session either by cash, cheque, card or bank transfer unless we have a prior arrangement in place. Receipts/invoices are available on request.

### **Cancellations**

We require you to give 48 hours notice to cancel your therapy session without incurring a charge. If your appointment is on a Monday, please cancel on Friday. If you provide less than 48 hours notice you may be charged the full cost of your session to cover the incurred costs.

### **Non-attendance**

If you fail to attend a session without giving any notice for that session you will need to pay for that session before booking any further sessions, unless we have an alternative arrangement in place.

### **Reviews**

We will review sessions regularly to ensure you feel you are getting the most out of your therapy; you are not tied into any commitment and you can end sessions at any time. If I consider your requirement is beyond my competence, I reserve the right to terminate our contract, but this would be discussed in the session and recommendations would be provided.

## **5. Our Privacy Policy & Your Data Protection Rights**

### **Confidentiality**

Your therapy and personal information are kept securely. In certain circumstances, information, but not names, may be shared with a supervisor, or other relevant person acting in that capacity. It is my legal duty to breach confidentiality if I have concerns that you or anyone else is at risk. If this occurs I will discuss it in the session along with any recommendations and document it in your notes.

As a fully accredited member of relevant professional bodies I adhere to their ethical framework, guidelines, and code of conduct to ensure that you receive a professional and quality service.

### **Information we collect about you and how we use it**

Upon starting therapy, I will collect basic personal information for contact and identification reasons. During our therapy meetings, an assessment of your psychological health will be completed, and notes will be taken during sessions. These may include personal and sensitive details about your life. The assessment and notes are used solely for the delivery of a therapy service to you.

### **Your rights**

You have rights relating to the information I hold to verify the accuracy or to ask for them to be supplemented, deleted, updated or corrected. You have the right to request a copy of the information that I hold about you. If you would like a copy of some or all of your personal information, please email or write to me via the contact details stated in this agreement. Information will be provided to you within 30 days.

We want to make sure that your information is accurate and up to date. You may ask me to correct or remove information you think is inaccurate. You have a right to request the transfer of your data to another individual or company.

You have the right to complain to the Independent Commissioner's Office (ICO) if you think there is a problem with the way in which your data is being handled (see <https://ico.org.uk/concerns/handling/>).

### **How long we keep your information for - data retention**

Your information is kept for the time necessary to provide the therapy service requested, however outside of this I will hold your details and session notes for a period of 7 years following the end of treatment to comply with legal obligations that are placed upon me by my insurers. In the case of a child under 13 then records will be kept 7 years after they reach the age of majority (18). After this date, all data will be securely deleted.

### **Sharing of data**

There may be times where your information needs to be shared with 3rd parties. I will explicitly ask your consent before doing so, and the data will be sent to 3rd parties securely.

### **Security of your data**

Information will be kept securely and confidentially in line with the data retention policy as stated above.

**Lawful basis for processing your information**

The lawful basis for my holding and using your information is in relation to the delivery of a contract to you as a health care professional and I operate under a strict code of confidentiality, in accordance with the relevant professional bodies of which I am a member.

A copy of this privacy notice is also available on my website at:

[web address of privacy policy]

## Example Sharing of Information with Third Party Consent Form

If you wish to share information about your client with a GP or other third party, you must get separate permission, signed for on a separate form. You cannot just have a tick box on your general client form.

Here is an example of the content of a typical form.

(See [resources](#) section of members area for pdf & editable Word versions)

## Sharing Information With A Third Party Consent Form

**Therapist Details:**

Name

Contact Number

Email

Full Address

[Enter Client Name]: ....., I require your consent to release personal and sensitive information to the following party for the following purpose:

-----

I consent to any relevant information being forwarded to my GP.

GP Details (name and address)

Client Name

Signed

Date

-----

**To A Third Party:**

I consent to any relevant information being forwarded to [Name: and address].

Client Name

Signed

Date

## Implied Consent vs Informed Consent

Before working with clients, you should be aware of the two forms of consent.

### **Informed Consent**

This means you have fully explained what the patient is getting into and have their full consent to proceed - ideally in writing.

### **Implied Consent**

This means that you are making an assumption based on their behaviour - ie just because they have turned up, they have given their consent for you to use whichever methods you wish.

### **PRACTICAL TIP**

A client may wish to seek help for a particular issue, but they may not wish to delve into their murky past with you. If you suddenly begin a regression and start asking very personal questions, the person may feel invaded, as they have not given their consent for this.

However, if you have explained the options, and explained that you may at times use regression, and they have consented, you are fine to proceed.

Usually this is not an issue if you carry out your initial client interview correctly and fully explain the options.

### **MENTAL CAPABILITY**

Another element of informed consent is that the person must be mentally capable of consenting. ie someone who is too young to understand, or intoxicated, would not be giving a fully legitimate consent.

### **ACTION STEP**

When interviewing clients at the initial session, make sure you always explain the treatment options available, that they fully understand the implications and have given you consent to proceed.

## What Is Your Role As A Therapist

Your role as a Qualified Hypnotherapist is to provide the best possible care you can and sometimes this may involve referring clients on to other healthcare professionals or seeking support from them.

It is a good idea to have a Supervisor so you can refer to them if you are unsure as to how to proceed with a client, especially for your first two years of practice.

Many organisations require this as part of their membership conditions (if registered with NCH, it is compulsory to have supervision for your first 2 years of practice. This is a payable service once per month).

Supervision is a great opportunity to discuss your cases, seek guidance and check how you are getting on.

As a therapist ...

- The care of your client/patient must be your primary concern
- You must provide a professional, high standard of care at all times
- You must treat patients/clients with respect and as individuals
- You must keep your professional knowledge up to date
- You must act lawfully in your professional and personal practice
- You are personally accountable for your professional activity

## Introduction to Dave Elman Rapid Inductions & Deepeners

(For a detailed study of the work of Dave Elman see Elman, Hypnotherapy, 1964)

### GENERAL

Dave Elman (1900-1967) was a stage hypnotist turned hypnotherapist who mostly only ever taught doctors and dentists. His book “Findings In Hypnosis“, which was later retitled “Hypnotherapy” contains transcripts of the lectures.

He pioneered the use of creating somnambulism using rapid inductions so that doctors could make best use of their limited consultation time with patients. He also re-discovered how to induce the Esdaile State (Coma State) at will, and taught this to Doctors and Dentists who went on to carry out many procedures using only the Esdaile State for analgesia.

Hypnotic States Referred To:

### SOMNAMBULISTIC STATE

This is the classic ‘sleepwalker’ state and is the state that Stage Hypnotists create in order for their subjects to perform. This is what most people expect or imagine when they think of hypnosis, and is believed to be the ‘ideal’ state for giving post-hypnotic suggestions.

### THE ESDAILE STATE (ALSO KNOWN AS THE ‘COMA STATE’)

This is a tribute to Scottish surgeon James Esdaile who performed thousands of operations using a very ‘deep’ state of hypnosis known as the coma state. In the Esdaile State, subjects tend to experience natural analgesia (ie feel no pain) even without suggestions.

**NOTE:**

You may see it written or stated as 'fact' that you MUST get the somnambulistic state for suggestion or regression, or the coma state for physical phenomena such as analgesia.

This is simply not true - if you are giving hypnotic suggestion to change or override existing ideas, then yes, the somnambulistic state is the surest way to achieve that.

Quality suggestion & regression can occur with or without the somnambulistic state, though if you have someone in the somnambulistic state, you will get a good regression. Similarly, with hypnotic analgesia - The Esdaile State is one way, but not the only way.

## Dave Elman Type Rapid Induction

For a detailed explanation and demonstration of the Dave Elman induction, do check out Mike Mandel ...

<http://mikemandelhypnosis.com/2016/12/15/dave-elman-induction-master-classic-essentially-perfect-hypnotic-induction/>

What follows here is a version for a Dave Elman Styled Rapid Induction that I may use.

The basic steps are:

- Create eye catalepsy (ie muscles won't work).
- Fractionation (repeated induction)
- Suggestions of physical relaxation.

Sometimes I may do this as per this script, other times I may just take elements of it.

NOTE: Die-hard Elman fans will say don't meddle ... but sometimes, to me, the whole routine just doesn't feel appropriate so I use elements that fit the situation.

Remember there are no real rules.

### EXAMPLE SCRIPT

*"Can you imagine making a fist and squeezing it so tight you couldn't possibly open it and your knuckles go white?"*

*[Yes/Nod]*

*Now, can you imagine the opposite, where you relax your hand so much that, as long as you hold onto that relaxation, it feels as if it just won't work? It will work if you want it to, but as long as you hold onto that relaxation, it just won't seem to work.*

*[Yes/Nod]*

*That's the quality of relaxation I want you to get.*

*In a moment I'm going to ask you to relax the tiny muscles around the eyes so much that, as long as you hold onto that relaxation, they just won't work.*

*Now, any time you want you could open the eyes, but I want you to hold onto the relaxation and stay in control by keeping them closed.*

*So you can move your eyebrows up and down and give them a good test but as long as you hold onto that relaxation you can make sure they just won't work and stay closed.*

*Now, close your eyes and relax this muscles around your eyelids so much that even if you tried they just won't work. Relax them absolutely and in a moment when I say so, I want you to test them to make sure.*

*So hold onto the relaxation and test them now, and make sure they stay closed.*

*[Observe Testing For 2 Or 3 Seconds]*

*That's good, now stop testing and send that feeling in your eyes right the way down through your body, from the top of your head to the very tips of your toes. Down through your arms, your legs, your hands and your feet, your front and your back, from the top of your head to the tips of your toes.*

*That's good.*

*Now, in a moment I am going to ask you to open your eyes and then I am going to pass my hand in front of your eyes, and when I do I want you to close your eyes immediately and double your relaxation, just go twice as relaxed instantly.*

*Now, take a nice deep breath, open your eyes, and double that relaxation as you breathe out and follow the hand down.*

*That's right, make it happen, want it to happen and it will happen. Only you can do this. That's good.*

*Now, let's do that again.*

*Breathe in, eyes open ... and closed again [gesturing down with hand] and double that relaxation. Allowing yourself to be wrapped in a warm blanket of relaxation, right the way down to your feet and your toes.*

*And again ... eyes open ... and closed again. Double the relaxation”.*

*You can repeat the fractionation (eyes open and then closed) several times, as necessary (3 -6 seems common place).*

*At this point, the full Elman induction would continue to the deepener but if the client is already in a good enough depth of trance for what I need I often just proceed with the session.*

## Dave Elman Type '3 Levels' Deepener.

### GENERAL

Dave Elman introduced several 'deepeners' in his classic work "Hypnotherapy" but the one I have found most useful and that most people easily respond to (for me) is this one.

Once you have someone in a light state of relaxed hypnosis you ask them to visualize relaxing down even more through 3 different levels, each one double the relaxation of the previous.

Dave Elman would ask people to let him know when they had reached each level and true followers of Elman would probably insist that is the best way.

It may well be, but most of the time I tend not to do so, because it just doesn't fit with the way I like to do things. You can find the full original version in Dave Elman "Hypnotherapy" and I suggest you experiment and find what works for you.

Here is a script of how I may typically use it.

### **“3 LEVELS DEEPENER” SCRIPT -**

[assuming initial state of light hypnotic relaxation].

*“Now, just scan down through your body for a while, and notice that already it is more relaxed than it was a few moments ago.*

*Let’s say that where you are now, we’ll call that Level A.*

*The next level down, which we’ll call Level B, is double the relaxation of Level A, so twice as deep, twice as relaxed.*

*Now, only you can do this, but just allowing your body to double it’s relaxation right now. It’s very subtle of course, and yet very profound.*

*Tiny muscles in the corner of your eyes and the corner of your mouth, everything just softening, just relaxing, right the way down through your body.*

*Letting your body double it’s relaxation right the way down and down...*

*Any tensions beginning to dissolve away like soft melting butter and your muscles releasing even more as they double their relaxation ...*

*... and as your body relaxes down so your mind can follow, as if your mind is supported on a soft cushion or soft pillow or something similar, just drifting down and down ...*

*... down and down into that Level B feeling.*

*[take your time, allow the client time to drift down, sometimes silence is the best ‘deepener]*

*And soon you’ll be able to picture, imagine, feel or sense that Level B feeling, which is more relaxed than you were at A, and yet ...*

*... not as relaxed as you can be down at the next level, which we’ll call Level C.*

*... and Level C, is double the relaxation of Level B.*

*... even more subtle, and yet even more profound.*

*Tinier, tinier muscles softening and relaxing right the way through your body.*

*So just allowing that to happen for you even more now, down and down into that Level C, which is sometimes known as the basement of relaxation.*

*All your muscles, loosening, softening, relaxing even more, just letting go.*

*Any remaining tensions dissolving away like soft melting butter, just feel your muscles softening as they release as they relax ...*

*... so much that you can begin to be less and less aware of your body, and more and more unaware of your body ...*

*... and of course as your body relaxes down so your mind can follow even more, as if your mind is supported on that soft cushion or soft pillow or something similar, just drifting down and down and down ...*

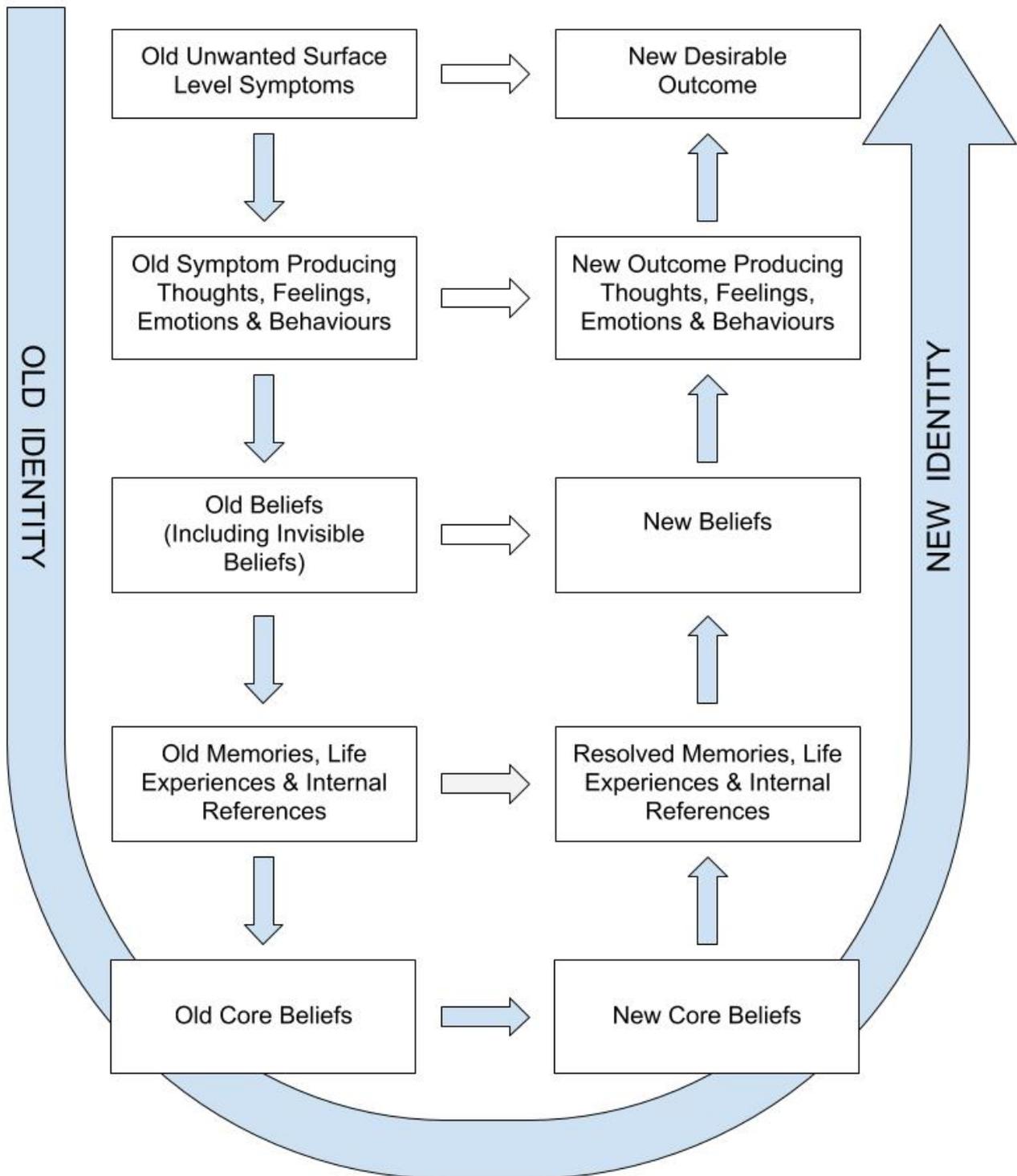
*... and each time you breathe out you continue to go deeper and deeper...*

*... and of course this is a skill that you are learning, so each time you do this form of relaxation these levels can become more and more profound for you, as you learn to relax even more deeply, even more profoundly, even more quickly ...*

*Down and down into that inner world within you”.*

*[Continue with suggestion/analysis/visualization, etc., or release, as appropriate]*

## The U Flow - Levels Of An Issue



## Compounding Suggestions & Loops

### COMPOUNDING SUGGESTIONS

This is a means for increasing the effectiveness of suggestions by linking them together. The idea is that as the client responds to the first suggestion, they will then respond to the second, like links in a chain.

e.g. As you do (x), you will do (y).

They can be very directive ...

*Each time you breathe out, you WILL go deeper into relaxation ...*

Or permissive ...

*As you listen to the sound of my voice, you CAN begin to remember that feeling*

The basic structure is such that there is an initial statement of what the client will do, then a second statement as to what else will or can happen, as they do that.

Here are some more examples ...

- *Each time you breathe out slowly through your mouth, you will remember even more how good it feels to remain a non-smoker.*
- *As you become more aware of your thoughts each day, you allow yourself to make even wiser choices ...*
- *As you listen to the sound of the traffic outside, you can notice how your body seems more able to relax and take care of itself for a while now ...*

## COMPOUNDING LOOPS

Here you link two or more compounding suggestions into a compounding loop to reinforce each other.

The more you allow yourself to relax, the better you begin to feel, and the better you begin to feel, the more you allow yourself to relax.

As you decide to feel healthier and lighter, the more you choose foods with sparkly energy. The more you choose foods with sparkly energy, the healthier and lighter you feel.

These can be extremely effective and I tend to use them all the time as part of the everyday hypnotic patten.

## Summary of Module 3

### HERE IS A SUMMARY OF WHAT YOU HAVE LEARNED THIS FAR:

- Our beliefs create thought, feeling and behavior loops
- People want to start or increase something, or stop or reduce something
- Beliefs impact just about every area of life and wellbeing
- We can use this to help a wide variety of people
- We must be aware of when we may need to refer or include other professionals
- We must be aware of safety, confidentiality and GDPR type issues
- We can hand-craft suggestions for clients using the DWDW process
- We can also use this for self-hypnosis.

## Coursework Module 3

(1) You receive a letter from your local GP's Practice Manager stating that they have an interest in hypnotherapy for some of their patients and would like some information on how it works.

(a) What would you write back to help them understand? Answer this question in letter form.

E.g. "Dear Practice Manager ..."

(Note: Please keep it brief and concise, but with enough info to answer the question).

(b) You then receive a reply back asking for what sort of conditions are Hypnosis and Hypnotherapy contraindicated (ie not recommended). What would you write back? Again, begin "Dear Practice Manager ..."  
& include WHY you feel they are contraindicated

(c) The GP Practice Manager then says that they are very interested, but they require you to keep them informed of what happens in the sessions. What would you write back? Again, begin "Dear GP Practice Manager"

(2) A husband and wife are both coming to see you, at separate appointments, for different issues, but there is obviously a crossover of information, and something the husband has told you is relevant to what the wife is now talking about. What do you do?

- (3) From the list I gave you of common conditions that can be treated with hypnotherapy (or from any source that gives examples of specific conditions that can be treated with hypnotherapy) choose:
- (a) 2 that you think would most likely require Analytical Hypnotherapy (Hypno-Analysis)
  - (b) 2 that you think would most likely require some form of Suggestion type hypnotherapy.
  - (c) 2 that you think might require both.
- Note: For each give a brief (ie just one or two sentences max) outline of why.
- (4) Use the Don't Want Do Want process to begin creating positive suggestions for hypnosis or self-hypnosis. Using the exercise template as a guide, fill out:
- (a) One for something in your own life
  - (b) One with a volunteer client.
- (5) Author Napoleon Hill stated, "Whatever the mind can perceive, and believe, the mind can achieve".
- (a) Which part of this statement do you think relates MOST to successful self-hypnosis, positive thinking, and personal transformation?
  - (b) Give a brief explanation Why
- (6) Give 3 examples of how hypnotherapy fits with other healthcare professionals.
- (7) What do you need to do to keep records confidential?

- (8) (a) Which legal act do you need to be aware of with respect to confidentiality and privacy of information, that came into effect on May 25th, 2018?
- (b) Give a brief explanation of what this act means in practice, with you and your clients?
- (9) What measures should you take to ensure your own safety when working with clients?
- (10) Using the example as a guide, create your own Client Consent Form (i.e. personalize it to you)
- (11) According to a code of ethics, what is your role as a Hypnotherapist?
- (12) What do you understand by handcrafting suggestions? Explain the benefit of this.
- (13) What do you understand by Compounding Suggestions and Loops? Give a simple explanation explaining the benefit of these.

### **PRACTICAL**

- (14) Continue to practice inductions and deepeners and now add in some bespoke, hand-crafted suggestions from DWDW exercises, and record your sessions in your Reflective Practice Journal.

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